

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_ DOB: \_\_\_\_\_

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**MOTION TO CLOSE ALL OR PORTIONS OF ABUSE / NEGLECT HEARING**

IN THE INTEREST OF \_\_\_\_\_, A MINOR

Now comes \_\_\_\_\_ and respectfully represents and requests that all or portions of the (type of hearing) \_\_\_\_\_ on (date) \_\_\_\_\_ be closed to the public for the following reasons:

1. Pursuant to Chapter 243 (please check the applicable box(es)):

☐ That portions of the hearing be closed that pertain to medical and psychological reports, records and testimony referring to the contents of such reports, records and profiles. Please identify the medical and/or psychological reports, records and/or testimony at issue:

\_\_\_\_\_  
\_\_\_\_\_

☐ That the entire hearing be closed because the child who is the subject of these proceedings will be present at the hearing;

2. ☐ That part or all of hearing be closed because some or all of the evidence would be contrary to the best interest of the child, or that disclosure would cause unreasonable harm to one or more parties. Please provide specific facts upon which you rely to request that all or part of the hearing be closed:

☐ I request that (please check one): ☐ the entire hearing or ☐ portions of the hearing be closed because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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3. If your request to close all or portions of this hearing is granted, are you aware of anyone planning to attend the entire hearing who would be prohibited from attending? ☐ Yes ☐ No

If yes, please list the name of each person who would be prohibited from attending all or part of hearing and his or her relationship to the case, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature